

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | |
|-------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------|--|--|----|--|--|--|
| 1 Date of Request: <u>2-5-05</u> | | 2 Serial/Patent # <u>10/626,463</u> | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | |
| | Filing | | | \$ | | | | | | |
| | Amendment | | | \$ | | | | | | |
| | Extension of Time | | | \$ | | | | | | |
| | Notice of Appeal/Appeal | | | \$ | | | | | | |
| <input checked="" type="checkbox"/> | Petition | <i>None</i> | <i>11-15-04</i> | \$130.00 | | | | | | |
| | Issue | | | \$ | | | | | | |
| | Cert of Correction/Terminal Disc. | | | \$ | | | | | | |
| | Maintenance | | | \$ | | | | | | |
| | Assignment | | | \$ | | | | | | |
| | Other | | | \$ | | | | | | |
| | | | 7 TOTAL AMOUNT OF REFUND | | | | | | | |
| | | | \$130.00 | | | | | | | |
| 10 REASON: | | 8 TO BE REFUNDED BY: <i>CC</i> | | | | | | | | |
| | Overpayment | <input checked="" type="checkbox"/> Treasury Check | | | | | | | | |
| | Duplicate Payment | Credit Deposit A/C #: | | | | | | | | |
| | | 9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | -- | | | |
| | | -- | | | | | | | | |
| <input checked="" type="checkbox"/> | No Fee Due (Explanation): | | | | | | | | | |
| <i>PTO lost the papers</i> | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>Paul Shores</u> | | TITLE: <u>Senior Attorney</u> | | | | | | | | |
| SIGNATURE: <u><i>Paul Shores</i></u> | | PHONE: <u>571-272-3225</u> | | | | | | | | |
| OFFICE: <u><i>Office of Petitions</i></u> | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | |
| APPROVED: <u><i>Alicia Kelle</i></u> | | DATE: <u><i>2/8/05</i></u> | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: